

Docket # _____

Columbus/Bartholomew Planning Department Annexation Application

Applicants:

Name(s) _____

Number _____ Street _____ City _____ State _____ ZIP _____

Telephone No. _____ FAX No. _____ E-mail _____

Owners (not contract buyers) as shown on the county tax records:

Name(s) _____

Number _____ Street _____ City _____ State _____ ZIP _____

Telephone No. _____ FAX No. _____ E-mail _____

Property Location

Township: _____

Address (if available):

Number _____ Street _____ City _____ Zip Code _____

The property is at the _____ corner of the intersection of _____ and
(NW, NE, SW, SE) Street Name

Street Name _____

OR

The property is on the _____ side of _____
(N,S,E,W) Street Name

Nearest cross streets: _____ Distance (ft. or mi.) _____ Direction (N, S, E, W)
Street Name

_____ Distance (ft. or mi.) _____ Direction (N, S, E, W)
Street Name

IMPORTANT!

The following materials MUST accompany this application:

1. A map showing the property with accurate dimensions and its relation to the current city boundary
2. A legal description of the property proposed to be annexed

Land Use

Zoning classification _____

Current use of the land _____

If property is vacant, the intended use _____

Miscellaneous

Is this request related to failure or improper functioning of a septic system? YES NO (circle one)

If “yes,” provide documentation.

Please explain why you would like the city to annex the property (continue on back, if necessary)

I swear or affirm under penalties for perjury, that the foregoing representations are true to the best of my knowledge and belief

Applicant's Signature Date

I authorize this application and authorize the plan commission, its staff, and such other persons as the staff may deem appropriate to enter upon the property involved in this request for the purpose of analyzing this request.

Owner's Signature Date

Owner's Signature Date